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Secretary of State

02-11-2008 90056 031 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000081682

1. Entity Name
RICHARD D. SALZMANN, D.M.D., P.A.

02042008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3157 NORTH UNIVERSITY DRIVE SUITE 100 PEMBROKE PINES, FL 33024 US	3157 NORTH UNIVERSITY DRIVE SUITE 100 ~~COOPER CITY~~, FL 33026 US Pembroke Pines,
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0454026 ☐ Applied ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALZMANN, RICHARD D
3157 N UNIVERSITY DR
SUITE 100
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
TITLE	D ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	SALZMANN, RICHARD D	NAME
STREET ADDRESS	10470 BUENOS AIRES ST	STREET ADDRESS
CITY-ST-ZIP	COOPER CITY, FL 33026	CITY-ST-ZIP
TITLE	T ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	SALZMANN, MARTHA	NAME
STREET ADDRESS	10470 BUENOS AIRES ST	STREET ADDRESS
CITY-ST-ZIP	COOPER CITY, FL ~~33000~~ 33026	CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/4/08 954-435-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #